

**Pledge Form**

**Team Name:**  **Team Captain:**

**Location: ❒ Regina ❒ Saskatoon ❒ North Battleford ❒Lloydminster ❒Swift Current ❒Yorkton ❒ Walk Where You Are**



Participant Name:

Address: City: Postal Code:

Email: Phone:



**WAIVER:** *In signing this release, I understand that photos taken on event day may be used for promotional materials including but not limited to, social networking, brochures, posters, newsletters, print and digital communications of future walks. I acknowledge that I hereby agree and absolve and hold harmless the Alzheimer Society of Saskatchewan and any and all other organizers, their personnel, whether volunteer or otherwise from and against blame and liability for any injury, misadventure, harm, loss, inconvenience or damage hereby suffered or sustained as a result of participation in the Alzheimer Society of Saskatchewan’s Walk for Alzheimer’s or any activities herewith. I hereby consent to and permit emergency treatment in the event of injury or illness. As part of this Waiver, I acknowledge that I have read and understood all of the above.*

**Year of birth:**  \_\_\_\_\_\_\_\_\_\_\_(ex 2015) **❒** Female **❒** Male

**Signature: Date:**

**If under 18, signature of parent or guardian:**





**Donations $15.00 and over will be eligible for a tax receipt. Information MUST be legible to issue a tax receipt.**

**DO NOT MAIL CASH. Please make all cheques payable to the Alzheimer Society of Saskatchewan.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **🞏 Cash 🞏 Cheque Donation $**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_ Postal Code:**

**Receipt Sent Via: 🞏 Mail 🞏 Email Email:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **🞏 Cash 🞏 Cheque Donation $**

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**Page total: $\_\_\_\_\_\_\_\_\_\_**

*The Alzheimer Society of Saskatchewan is committed to protecting your privacy and your personal information. The information you provide will be used to issue a tax receipt and may be used to keep you informed about our activities. If at any time you wish to be removed from our contact list, please let us know by calling* ***1-800-263-3367 or email office@alzheimer.sk.ca****.*

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